

ENTERED

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date of Issue (Received)
DECEMBER 11
 MAY 21 2012
 Bayfield Co. Zoning Dept.

Permit #: **12-0148**
 Date: **5-24-12**
 Amount Paid: **\$75.00 PDS**
5/21/12
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner Name: **Deer Grove Resort LLC** Mailing Address: **E5730 800th Ave** City/State/Zip: **Mendomonie, WI 54757** Telephone: **715-235-9741**

Address of Property: **3305 DEER GROVE ROAD** City/State/Zip: **BARNES, WI 54873** Cell Phone: **715-505-3305**

Contractor: **Northland Builders** Contractor Phone: **800-736-4510** Plumber: **n/a** Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Jeff Follington** Agent Phone: **same** Agent Mailing Address (include City/State/Zip): **same** Written Authorization Attached: Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 4 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage**
1/4, 1/4 4 9 W N, Range 9 W Town of: Barnes 22.094

Recorded Document: (i.e. Property Ownership) Volume **850** Page(s) **695**

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue → Distance Structure is from Shoreline: **400+** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue → Distance Structure is from Shoreline: **350+** feet

Non-Shoreland

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$18,000.00	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (Pvt) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.) with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
	Accessory Building (specify) Pole Shed	(30' X 48')	(1440)
	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (US) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: **Jeff Follington** **Maurice Julin**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date **5-18-12**

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance **same as above**

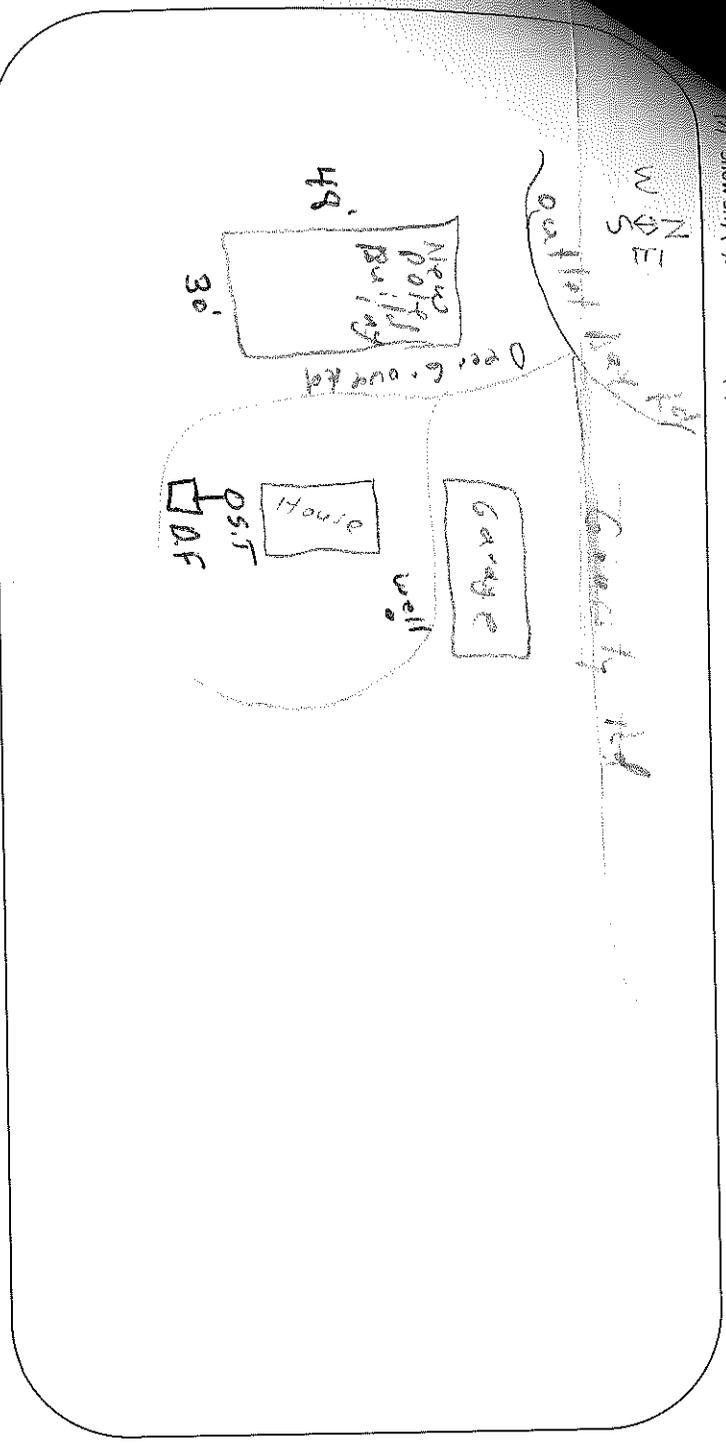
Address to send permit **same as above**

MAY 21 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Secretarial Staff

- Select your Property (regardless of what you are applying for)
- Proposed Construction
- (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	520' +	Setback from the Lake (ordinary high-water mark)	350'
Setback from the Established Right-of-Way	300' +	Setback from the River, Stream, Creek	400'
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	200'	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	N/A	Elevation of Floodplain	136.5
Setback to Septic Tank or Holding Tank	20	Setback to Well	N/A
Setback to Drain Field	25		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 12-0148 Permit Date: 5-24-12

Is Parcel a Sub-Standard Lot? Yes No

Is Parcel in Common Ownership? Yes No

Is Structure Non-Conforming? Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created? Yes No

Was Proposed Building Site Delineated? Yes No

Were Property Lines Represented by Owner Was Property Surveyed? Yes No

Inspection Record: Meets all setbacks.

Date of Inspection: 5-22-12 Inspected by: M. Fuchs

Conditions: Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)

No water under pressure in structure.

May not be used for human habitation.

Signature of Inspector: Michael Fuchs Date of Approval: 5-23-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____